



Office of Governor Christopher T. Sununu
Press Conference
Wednesday, December 8, 2021, at 3:00 p.m.

Governor Sununu:

Good afternoon. Hey, David. How are you? Good to see you. Pretty good, pretty good, thank you. A lot of updates and kind of I have some charts and data, and all that kind of good stuff in some ways, bad stuff in others, because we know our cases are going up. But let's kick it off with a Public Health update from Dr. Chan.

Dr. Chan:

Great; good afternoon. So we are reporting 1,184 new people diagnosed with COVID-19 today. Over the last week, we have averaged between 1200 to 1300 new infections each day. And there are current 9,868 people with active infection.

Our test-positivity rate continues to be high. We're currently at around 12.3% of all tests -- PCR and antigen tests combined -- that are positive for COVID-19. And unfortunately, our hospitalizations and deaths have continued to increase. Currently, there are 462 people hospitalized statewide with COVID-19. And unfortunately, we have 11 new deaths from COVID-19 to report today, bringing the total number of people that have died from COVID-19 to 1,768 total individuals. 3 out of these 11 new deaths that we're reporting are in people associated, or residents of, long-term care facilities. And if you look at the last seven days, or the last week, there have been a total of 40 new COVID-19 deaths reported to Public Health. So we're averages currently around six new people dying from COVID-19 each day in New Hampshire.

As the numbers reflect, the levels of COVID-19 in our communities remain very high. Hospitalizations and deaths remain very high. And so, it continues to be our strong recommendation that everybody 5 years of age-and-older get vaccinated against COVID-19. This includes children, teenagers, young adults, in addition to older individuals and people with chronic medical conditions.

Just a brief update on the Omicron variant, there have still not yet been any Omicron-variant infections identified yet in New Hampshire. But it is likely only a matter of time. We are doing the sequencing necessary to identify the Omicron variant. And Omicron infections have been identified in more than 50 countries around the world, including within the U.S. And within the U.S., there have been more than 21 States at this point that have identified the Omicron variant. So it's only a matter of time before New Hampshire also identifies the Omicron variant.

We still have very limited data about this variant of concern. But there is some early evidence and some early studies coming out of South Africa that the variant may be more likely to cause reinfection in people who previously were infected with a different COVID-19 virus strain. And so, it continues to be our recommendation and it continues to be important for people who have been previously infected with the COVID-19 virus to get vaccinated.

We know that vaccination provides more consistent and higher levels of protection than natural infection, alone. And vaccination also protects against complications of COVID-19, such as hospitalization and death, and possible long COVID symptoms.

We also have limited data on vaccine effectiveness against this new Omicron variant. But the pharmaceutical company Pfizer and BioNTech just made an announcement today. The laboratory-based study that found that a third booster dose of the vaccine offered increased and high levels of protection against the Omicron variant, compared to people that only received the two-dose primary series. Again, this is only a laboratory-based study. We haven't seen the full data on this. We are still waiting for real-world vaccine-effectiveness data to come forward.

But I think highlights the importance of everybody 18 years of age-and-older who has completed a primary vaccination series, whether that's a primary series with Pfizer, Moderna, or the Janssen vaccine, to get a booster dose in order to be optimally protected against COVID-19, including emergent variant infections. And so, again, everybody 5 years of age-or-older should get vaccinated against COVID-19, including people previously infected. And everybody 18 years of age-and-older who has received a primary series should get a booster dose. And with that, I will hand things over to the Commissioner. Thanks.

Commissioner Shibinette:

Good afternoon; very brief update. Our long-term care institutional outbreaks are staying about even. We are closing -- we have four that have closed since our last press conference and we're opening five. So we're -- there's 24 total outbreaks in New Hampshire right now. So we're staying even and we've seen that over the last couple of weeks. Thanks.

Governor Sununu:

Okay. Well, thank you, Commissioner and Dr. Chan. So, as was mentioned, as everybody knows, the winter surge is definitely upon us. We know that cases and hospitalizations continue to rise. We want everyone to get vaccinated. It is the way out of this, without a doubt.

As you look at the data, we're seeing spikes in cases not just here in New Hampshire but frankly across New England across the country. States across the spectrum are seeing that surge similar to what we've started seeing a few weeks ago.

So we have a few graphs. Some folks were asking for some data. This is as of, I think, yesterday. I think this is yesterday's graph. The dark red spots and maroon spots here are where you're seeing elevated cases of COVID throughout the country. And if you notice again, this is that cold-weather front, the cold air that comes out of Canada. And this is winter. I mean, this is what the winter surge is all about. And if you looked at this graph compared to what we were looking at just a couple weeks ago, those dark areas are getting further and further south, as the entire country goes through a cold spell. So obviously we're at the forefront of it and have been for a couple weeks now. But unfortunately this is what the winter surge actually looks like as it begins across the country.

Some folks are asking about New England. So this is our case count summary and some of the changes you've seen in all of the New England States over the past two weeks. So we've seen about a 28% increase over the past 2 weeks. Rhode Island is about 87% up. Connecticut has doubled their case numbers, on average. Maine, you've already seen them kind of -- whether it's peaked or not, I mean, who

really knows? But obviously Maine, Vermont, New Hampshire aren't quite going up as fast as we were a few weeks ago. As it creeps down and go south, you can see the data really trend that throughout New England, as well. And then, this is just, again, where our overall New England cases have been. You're seeing these spikes that came in kind of a bump in late-October/early-November, and then kind of a real surge since pretty much Thanksgiving-and-beyond. And my guess is that'll continue to go up.

Here's another version of that. This is just breaking out New England, all the different New England States. So, New Hampshire is in yellow. So we know our cases are high. But if you notice over the last couple weeks, we're not peaking. I'm not saying we're peaking by any means. But we're not going up like you see some of these other States, like Massachusetts, Connecticut, Rhode Island. They're really seeing some of their most drastic increases over the past couple days.

So we're all in it, across New England, to be sure. But we are watching this data kind of day-by-day, trying to get a better understanding of trends, as I've said, for a while. I don't think we're going to peak out here for quite a few more weeks. Hopefully I'm wrong. Hopefully we're towards the end of this. But, unfortunately I think these numbers are just going to continue to rise as we get deeper into the winter. And unfortunately the hospitalizations, that increase in hospitalizations that we've seen, usually lags that.

So what I mean by that is, if our peak were to happen on January 1st, you're probably going to see hospitalizations continue to rise at least a week to 10 days even that. So that's just kind of the nature of the way these peaks kind of move in terms of cases and hospitalizations.

It's good that we have a lot of tests out there, for sure. It'll be interesting to see where the test-positivity numbers go, because a lot of folks are testing now in their homes, with a million home tests available, that we're finding out who has COVID a little earlier. That's going to help minimize the transmission where parents or individuals are finding out whether they're positive or negative a little faster right there in their home. So we're going to have to really look at how much of that data really gets reported upwards.

So it goes back to something we've been talking about the last -- really since the last surge in the spring: hospitalizations and fatalities. Those are the two most important and, in some ways, the two most telling numbers of where you are in this pandemic, because those are real absolutes. If you are sick, you are going to -- that sick, you are going to a hospital. There's really no -- you know that number's incredibly accurate, right, because there's very few folks who are that sick end up staying home. They usually seek some sort of medical attention and care. And that's really what we're trying to manage.

All the way back to March of 2020, this is always about managing the surge in the hospital and our healthcare system to make sure they don't get overwhelmed. But we do have to take a lot of different steps. And we're taking a lot of different steps over the next -- not just over the past few weeks but in the next couple weeks.

So I want to go over a few different things that have happened in the past couple weeks, which I think are really positive results, not just based on that data, but understanding that this is an all hands on deck effort. As a part of all of our efforts last week, we reached out to FEMA to request some staffing assistance in our healthcare facilities, preparing for the winter surge. They did indicate to us that they'd be sending a few dozen individuals to New Hampshire to help out with the first 24-person Team arriving as early as this weekend to assist Elliot Hospital. So FEMA is going to send us some staffing assistance. And whether it's 24 or 36 individuals over the next couple weeks, that can open up entire wings sometimes in some of these hospital facilities. And just that flexibility of those additional beds make all the difference in some of our communities.

We know the need is today. And we do appreciate some of the assistance that FEMA has helped us with already. And we're going to keep leaning on our partners at the Federal Government to allow us to use some of their resources.

In addition to this Team that is coming, there's a second Team that is also being provided through our efforts with FEMA. 30 Paramedics are arriving into New Hampshire by the end of next week as part of that effort. We're assigning those 30 Paramedics to hospitals with the highest COVID burden. Hospitals like Elliot, Wentworth, Douglas, Concord Hospital, Dartmouth-Hitchcock, they'll all see Members of this 30-Paramedic -- these 30 Paramedics which are coming in to really take some of the burden off of the Emergency Rooms, in particular. That's really where they can provide some of the best efforts and where we're seeing a lot of the needs out there.

On another note, the Executive Council today approved the \$6 million Contract for our Strike Teams at our long-term care facilities. So this was preapproved through Fiscal Committee. It's now gone through the Executive Council. And we can start immediately putting those Teams together. That's really drawing in, using private Providers to draw in healthcare resources and staffing from other parts of the country to come in, in our long-term care facilities, and, again, just be able to manage and man some of those beds where some of our staffing needs are the most critical.

In talking with a lot of the hospital CEOs, we talk with them literally every day. It was clear that deploying these Strike Teams is one of the single-most important tools to actually allow them to have the flexibility to open up their beds. And again, allowing the also -- that was another piece that was done today was the Medicaid guarantee, if you will.

So we have a lot of individuals waiting in our Emergency Rooms or other beds in our hospitals that are going through that Medicaid process. We're essentially guaranteeing those payments, guaranteeing those Applications, moving those individuals to long-term and resident care facilities, instead of waiting for the Application to be processed. And that, alone, again, frees up a lot of available bed space and flexibility within the hospital system. And that's where the Strike Team staffing comes in, knowing that those beds at the long-term care facilities are going to be filled. We talked last week also about expanding the number of Licenses for both hospitals and long-term care facilities, rehab centers, ambulatory care centers, as well, so that everyone's really part of the puzzle, in terms of expanding the staffing.

Another piece that we're -- I know I'm going kind of fast. I apologize. I get all excited. I go off on my tangent. Sorry about that, David. Another very significant piece to this puzzle is licensure. So, after I submitted an Executive Order and signed an Executive Order in late-November, we really challenged the Office of Professional Licensure and Certification to find a way to kind of clear out any backlog we would have had in our healthcare and staffing licensure.

So in just the first few days, over 60 Licenses have been able to be issued as a direct result of some rule changes that Executive Director Lindsey Courtney has gone through. She's done a phenomenal job in allowing these changes to happen, to get these immediate and temporary Licenses for folks going through the process.

In addition, that same Office of Professional Licensure and Certification has processed an additional 60 Nursing and Nursing Assistant Licenses, just kind of fast-tracked them. So that's about another 125 individuals we have licensed today, even over and above what we had just last week. And they continue to move very quickly, expediting their rules process. They're having a lot of success there.

We've found that some individuals simply haven't completed their Application. So we're not really waiting for them. We're proactively reaching out to them. We have Teams calling them directly and helping them fill out and complete their Application, so that it can then, hopefully, get fast-tracked and we

can get those folks who are interested in working on the floors of our hospitals and long-term care centers where they need to be and where they could be most effective. So, again, I just want to thank Director Lindsey Courtney. She's done a phenomenal job responding to those efforts.

Another piece that we're announcing today, we have engaged with hospitals across the State just to see how we could best utilize the men and women of our National Guard. The men and women of the New Hampshire National Guard are just awesome. They really are. We saw what they can do and what they're willing to do last year. It's one of the reasons New Hampshire was so successful with its vaccination rollout in early-2021.

In the coming weeks, we're going to be deploying an individual group of 70 men and women from our National Guard to help hospitals with even some of the most very important, but some of the backroom tasks, if you will: everything from food service or clerical tasks; things that can just flex -- allow a hospital or healthcare facility to flex their own internal Staff for better coordination effort and ultimate better healthcare services. So 70 men and women from our National Guard will be deployed under Title 32 Status in the next week, and, again, deployed out to hospitals across the State where the need is the most severe.

We saw what the Guard did with the PPE delivery, what they did with the vaccination sites. I mean, it's really great. And as it was last year, when I called General Mikolaities, he said, whatever you need. We are here and ready, standing by, whatever the State needs, however they need it. They're ready to serve. And so, that's a huge resource and they make it so easy in many ways. So that's a big opportunity for us.

You may have heard, in the last 24 hours, we talked about opening four new fixed sites for vaccination across the State. We had fixed sites roll out last year. We have four new sites that we're opening. These sites are going to be open six days a week, Monday through Saturday, to administer first- and second-dose vaccines, as well as booster doses. I don't know if we did a -- did we do a map for those?

Okay. So there's only four sites. They're going to be located in: Berlin, handling a lot of the need in the greater North Country Area; Plymouth, that greater Lakes Region area; Claremont, on the western side of the State; and Rochester, in the southeast part of the State. So really getting good geographic coverage; those are walk-in locations. Hours for those locations can be found at vaccines.nh.gov. But, again, they should be, I think, six days a week with the exception of this Saturday, that being the Booster Blitz, which we will talk about in a moment. But, other than that, they'll be open Monday through Saturday, six days a week, putting out about another 1500 -- in total, about another 1500 vaccines per days. So it's going to be, I think, a huge boost, if you will, to our ability to get folks vaccinated, boosters, kids, whatever it might be.

But they are walk-in only. So we're just trying to allow people to be a little more response. We know there has been wait times of seven days to 14 days, if you didn't get in as part of the Booster Blitz. So, again, we're just trying to expand our capacity to get folks what they need, in terms of vaccines and boosters, as fast as we possibly can, opening up all of those doors. And then, finally, there's the Booster Blitz, which a lot of folks have heard about.

We added another 2,000 more appointments. They've all filled up. But it looks like we're going to be giving well-over 12,000 vaccines and boosters -- I should say boosters, not initial vaccines. But about 12,000 Granite Staters will receive their booster this coming Saturday as part of the Booster Blitz, with our 15 locations which are now fully booked. And we're already planning a second one probably hopefully shortly after the holidays. We have to make sure that we can staff them and fulfill the need. So

we will probably do another one. Or we're planning on -- we don't have an exact date picked yet, but we're planning on one hopefully just after the holiday season.

So, here we have like a little summary. I know that's a lot for folks. But I think it's really important that folks understand some of the things that we're trying here. We're really putting a little bit of everything.

This is a little bit. We have a few slides that have kind of summarized all these different opportunities that we're trying to create. We have the additional vaccine vans. Those will be going out very shortly, I think, in the next few weeks. Yeah, over the next few weeks, we have additional vaccine vans. They've been incredibly successful. Some of those vans can do hundreds of vaccines and boosters a day.

We have the four new fixed sites that we have up-and-running: again, Berlin, Plymouth, Rochester, and Claremont. Did I get that right, and Claremont? Those start -- when is the first day that those start, today, yesterday, tomorrow?

Commissioner Shibinette:

Several of them opened November 29th.

Governor Sununu:

Oh, some of them have been open. Okay, great.

Commissioner Shibinette:

They have been open. The last one opens tomorrow.

Governor Sununu:

Tomorrow, okay, great. The last one opens tomorrow. So that's great. So those four sites are there. And again, putting about 1500 vaccines a day out, 1500 shots a day. The 1 million at-home tests, that's just a huge -- I mean, to be the first State in the country to be able to do that, and to provide the opportunity, and, again, we're looking at doing that yet again. We should have some more information in the next week-or-so about if we can replicate that very successful at-home test program.

We have our Booster Blitz. We -- the out-of-state Strike Force Teams; and a big thank you to the Fiscal Committee and the Executive Council. They actually both did a fantastic job making sure they were moving quickly, moving as fast as the Department needed them to move to respond to the crisis. So I give both those parts of the Legislature and Executive Branch a lot of credit for moving this stuff along.

The licensure reform, when I heard 125 people are hitting the -- got their License today versus last week, that's a lot of staffing opportunity in hospitals with at least some expertise to provide some real quality healthcare to the folks that need it, as our -- unfortunately, our cases grow in our hospitals. The 70 members of the National Guard is kind of a first-phase deployment directly into hospitals, again to take care of some of the additional -- assist with some of the additional needs of the hospitals, so they can flex their Staff a little more. And then, one thing we've talked about a little bit, but, again, that prepay guarantee.

I don't know a better term for it, which basically says that folks that are waiting for their Medicaid eligibility to come through, we're guaranteeing those payments to the long-term care facilities and allowing them to move very, very quickly. They don't have to sit in those beds and wait any longer than they need to within the hospital settings.

Oh, there's even more. Oh, yeah. So, oh, there's another big one, too. FEMA -- I almost forgot. These monoclonal antibodies are absolutely fantastic, if you get them early enough, in terms of keeping folks out of the hospital. And all across the country, there's a lack of monoclonal antibodies. FEMA's sending us another 2,000 doses. We twisted a few arms down there. No, I don't like twisting arms. Sometimes when we do it, it actually works. But FEMA's been really great to work with over the past couple weeks. And they offered us an additional 2,000 doses of Regeneron to go with the monoclonal antibodies we're already using.

The 30 Paramedics into our hospitals, primarily around some of the Emergency Rooms. And then the FEMA Deployment Teams are 24 coming in this week, and hopefully more down the road, which is really great.

So, that's a lot. I know I'm throwing a lot out there at folks, but everything from testing to hospital flexibility, to long-term care flexibility, to the funds needed to pay for a lot of this stuff. The vaccine vans and ability to get the vaccines at a greater level, all of these are really important pieces to help manage the winter surge, which, unfortunately, is going to be with us for probably the next few weeks, at least, if not a couple of months. We really just don't know what this is going to look like and what Omicron might look like, or the next variant.

I have no doubt that Omicron, unfortunately, won't be the last variant we see. But we just need to be prepared. So -- okay. Threw a lot at everybody, but we're ready to open up for questions, if folks want questions. Yeah.

Q&A Session

Governor, all of us in the press, as well as you guys, I'm sure, have been talking to a lot of hospitals and Doctors lately.

Governor Sununu:

Sure.

And one of the common denominators we're hearing is obviously that vaccination -- getting vaccinated is the number 1 way to fight this. And the sense I got from talking to Docs is that they believe the public really needs to know what's happening inside hospitals, how sick younger people are getting.

Governor Sununu:

Yeah.

How long they're staying in the hospital, which also speaks to the issues it's creating for patients who need other kinds of care, and that they are kind of in the verge, in many ways, of feeling like they can't -- that they won't be able to provide optimal care to some patients in this current environment. Is there anything that can be done to increase the vaccination rate beyond what it is now with the adults that -- we know the kids are slowing getting it. But the adults that have refused so far, is there any kind of plea that could be made or any...

Governor Sununu:

Look, we have never slowed down on our messaging. We've tried different types of messaging, not just on TV and social media. We're going into underserved communities. We're going to into -- working directly with parents and communities who have questions. I know Dr. Chan has been out there. Commissioner Shibiante, our entire Team has been all across the State. We've never slowed down on our messaging one bit.

There is an urgency here. And folks need to appreciate that. We've been out here every single week talking about this and what we thought was going to be coming over the week. I think the media plays a big part in that messaging. I got to be honest. I think it would be great if you guys actually carried these live. I think that expresses the urgency of what's happening here and not just asking folks to get it on their devices or their computers.

You have elderly folks all across the State sitting at home that they need to know the urgency. Their families need to know. I think media -- I'm not putting -- there's no blame on anybody. I think everyone just needs to put 110% on getting the message out there, taking it seriously. But that's what it's about. And look, overall, I think we're still one of the most vaccinated States in the country.

We're getting the boosters out. We're opening up more sites for vaccination. There's a high demand for it, or at least the demand has really increased over the past couple weeks. So the messaging is getting out there, I think.

But, yeah, the reality of what's happening inside the hospitals is scary stuff. It really is. It's a different clientele, as you brought up. It's a younger group than traditionally we've seen in the past, and some of the cases where you are more severe probably than they otherwise would have been. So that's the Delta variant. It's a whole new ballgame than the original Alpha variant. And we don't even know exactly what Omicron's going to bear.

Governor, with regard to Elliot Hospital, is there something unique going on there that made you decide to deploy the first FEMA Team there?

Governor Sununu:

That's really where there -- I mean, we watch the need. We get data on each of the hospitals every single day. Elliot being one of the largest critical centers in Downtown Manchester, along with Catholic Medical. These hospitals are really taking the brunt of it in a lot of ways.

So we look at the -- everything is done on a data-by-data basis. And at times, Elliot has had up to 80 people in their Emergency Room, right, waiting. I mean, it's a huge number. And that's just where the need is the greatest. So it's not just Elliot. It's Dartmouth. It's some of the other hospitals, as well. But we're being very statistical, if you will, about where we deploy our additional efforts as we get them.

And what's in that Team? Is it Paramedics? Or are they Health Professionals that run the gamut of services? What makes up...

Governor Sununu:

So the initial 24 individuals is more on the Healthcare Professional side. There's some Paramedics that will go into Elliot, 5 or 10, I think, that will be deployed. 5, I think, will end up at Elliot. But in terms of the first 24 individuals, I don't know if the Commissioner wants to add any more detail about their expertise.

Commissioner Shibinette:

Sure; thanks. The Team of 24 is a combination of Physicians, Nurse Practitioners, Physicians' Assistants, Registered Nurses, and some Professionals that are considered IMT or Incident Management Team Professionals to help kind of just make everything click and make sure that their Team integrate in with Elliot Hospital.

Elliot also has some empty units that they have available to open up capacity, which is what we were really looking for. So, with the addition of the Team -- of this Federal Team, they'll be able to open up additional beds within their hospital to take care of more patients.

And Commissioner, would that include transfers from other hospitals?

Commissioner Shibinette:

Yes, yes. That's one of the big things that's driving this need right now is that we have critical access hospitals that have very acute people in their people that need transfers. And we just don't have the flexibility to do those transfers, because everybody's so full. So, it's one of the big reasons why we chose Elliot is because they can open up additional beds.

Governor Sununu:

Yeah, hi.

So, I mean, you were showing on your charts New Hampshire's leading through the nation in per-capita COVID cases. You just talked about the hospital strain. And you've responded with these FEMA Teams, increasing financial support for hospitals, urging vaccination. And I wonder, I mean, are you still not interested in some of the more preventive -- like requiring more preventative measures like limits on public gatherings or State of Emergency?

Governor Sununu:

Yeah, no. We're not look at that right now. Again, when you start putting these blanket limitations and the restrictions that we had back in 2020, when, again, there were no other tools out there, you're putting those in place for folks who are fully vaccinated and may have gotten their booster shot, and are

being, I think, very smart and taking the right steps. You have to put those blanket measures in for all of those and you're effectively penalizing, if you will, a good portion of the State that has done right by the vaccine.

So again, it's really about individuals making the right choice for themselves, taking what they're seeing in hospitals incredibly seriously. And unfortunately, we've said it here a little bit. Sometimes you really need to see what's happening in the hospitals, or with a neighbor, or with a loved one that didn't think they were going to get sick, or didn't think they were going to get as sick as they did, for folks to really realize how serious this Delta variant is.

I mean, when you look at the data, does it not tell you that something preventative more needs to be done, or...

Governor Sununu:

But, remember, some of the prevention remedies that you're talking about have huge drastic consequences. Now, we're talking about shutting down schools: terrible idea right now, right? We know we can manage this without shutting down schools. Shutting down businesses: terrible idea. Limiting gatherings, limiting what people can do: again, those are really drastically extreme measures. Those were done in a very rare time of a pandemic where we had no other tools in the toolbox.

We have those tools now. And every day, we're getting more and more powerful tools. We're getting more data on how to manage the Omicron variant, or we're getting more data on potential monoclonal antibodies, or this new pill that Pfizer and Merck could potentially come out with and help folks with early phases. So every day, we're getting more and more tools and more and more ability to help manage it. But there are real drastic consequences, unfortunately.

If it was just as easy as putting restrictions in place and there's really no downside to it, then that's obviously something we would consider. But the downside to this stuff -- grinding your economy to a complete halt, telling businesses that they can't have gatherings, telling all the ski resorts they have to shut down, or the summer resorts and the tourism places they have to shut down because they can't have gatherings and large groups of people, or whatever it is -- these are really drastic measures that can have other not just economic but adverse health effects, as well, even beyond the pandemic, right?

So, people are losing employment. They're losing their healthcare benefits, all of that sort of thing. And that's why most States aren't doing that. I mean, we're not the only State here. I don't think any State here. I don't think any State is really looking to impose those types of mass restrictions right now. I mean, even Comicon was in New York.

In some other States, the MedFlight services are being stressed, overwhelmed. Is it happening here? What's the situation with DART?

Governor Sununu:

With DART and MedFlight, that's a good question. I haven't heard that. I'll kind of look if we know. I haven't heard that. We can look into it, but I haven't heard anything like that. I think those are still functioning fairly well.

I've got a question for Dr. Chan on Omicron.

Governor Sununu:

Sure.

I was just wondering how the State is testing for that variant. Is there a certain percentage of positive tests the State is doing the genetic testing on, or are you testing just people who are hospitalized? How are you figuring that out?

Dr. Chan:

Yeah, so testing the genetic sequencing to identify Omicron is being done through a number of mechanisms, both within State as well as at a national level. Our Public Health Laboratories are -- is sequencing any positive that they get. So they get specimens in and they're testing. And if it's positive, they're moving onto then sequence that positive sequence to see if it's Omicron.

At the same time, the National Reference Laboratories have a Contract with CDC to be doing sequencing. So specimens on New Hampshire residents that are sent to National Reference Laboratories are getting sequenced. I don't know the exact percentage of those that are being sequenced. And then, at the same time, States across the country are sending specimens into the CDC. And the CDC is doing the sequencing, as part of a national surveillance program.

Now, we happen to be doing sequencing on all of the specimens that we have. And so, there's not a great need for us to send specimens to the CDC. So a lot of the in-state sequencing that's being done is being done at our Public Health Laboratory and the group that we have there.

Obviously the numbers are what they are right now. We're two weeks out from Thanksgiving. Have you noticed anything quantifiable related to the Thanksgiving holiday?

Dr. Chan:

Yeah, so I'm trying to remember the time trend here. Other States around the country saw a dip, or a decrease, in the number of cases in the fall. We saw more of a plateau, and then cases started to go up again more dramatically the last several weeks. And partly that may be due to Thanksgiving and travel, and the holidays. And so, I think that with additional holidays approaching and people will likely be traveling and gathering more, that the risk is going to be there for the numbers to continue to increase.

So, certainly there are multiple factors here, which contribute to the spread of the virus. The fact that the Delta variant is more infectious, more transmissible, but certainly that the cold weather is driving people indoors. We know that indoor locations are a higher risk of transmission, compared to outdoor locations. People are traveling more. There are larger group gatherings, the conferences we're hearing about in the news that have happened in other States.

So the reason for the increasing numbers, really, as in most situations throughout the pandemic, is multifactorial. There's multiple reasons for the numbers to go up. But they are going up. And the risk is likely to increase over the coming weeks, as people gather for the holidays.

And what's your message to families, as we approach the Christmas holiday? I mean, should people be gathering for Christmas?

Dr. Chan:

Yeah, so this pandemic has been going on for almost two years. That has put great emotional, mental strain on many people. And so, it is important for people to gather and meet with family and friends. But there are ways that people can do that safely.

The first and the primary line of prevention is to get vaccinated. Vaccines are available and recommended for everybody 5 years of age-and-older. That includes children. That includes teenagers and young adults. Everybody 5 years of age-and-older should get vaccinated. And people that are 18-and-over who have been vaccinated with a primary series should get a booster. That continues to be the most important step that people can take to protect themselves and to prevent the virus from spreading.

We do know, though, that no vaccine is 100% effective. And with levels of COVID-19 where they are right now, the risk of exposure and the risk of further spread is certainly greater than when numbers are low. And so, in the setting that we're in now with very high levels of COVID-19, we do recommend that people take additional precautions.

Certainly we continue to recommend that people limit the size of gatherings to the smallest number feasible or possible. That continues to be a recommendation. If people are engaged in high-risk activities, maybe they're traveling. Certainly if they're traveling internationally or if they have a known exposure to somebody with COVID-19, testing is increasingly available. We want people to take advantage of the available testing that's out there to identify infection early, including asymptomatic infection.

We continue to recommend that people wear facemasks when in indoor locations and around other people in public locations as one of the layers of prevention. But a lot of this goes back to getting people vaccinated. And that continues to be a large focus. Thanks.

Governor Sununu:

I'll come right back to you, Jennifer. One second, go ahead.

Holly Ramer from The Associated Press:

Hi, thanks. We're seeing a lot of outbreaks in schools and we're coming up on a season where there's a lot of holiday concerts and gatherings. Do you have any updates on the vaccination rate among the youngest children?

Governor Sununu:

So the vaccination rate among kids, I think the last -- I'm looking at the Commissioner -- the last piece of data I saw was about four days ago. And I think it was about 25%. I think it was -- maybe it's a little higher in the past couple days. But it's just over 25%, was the last piece of data I saw. And that was, I think, on Monday.

Paula Tracy with InDepthNH:

Yes, good afternoon, Governor. And this is directed toward Lori Shibilitte. How many hospital beds do you feel will likely become freed up, now that the Executive Council and the Fiscal Committee have approved the funds as part of the Governor's plan to meet capacity challenges at New Hampshire's hospitals? And is it likely to be concentrated in one area of the State, or will it be coordinated statewide to mean the most relief where it's needed?

Governor Sununu:

Sure.

Commissioner Shibilitte:

So, I think we're going to see rolling results with the -- with all of the Contracts that were signed today. So, we budgeted for about four months' worth of funding for the long-term care facilities, the Strike Teams. And we're not going to wait for everything to come together perfectly, right? As we get one Team, we're going to put it in one facility to open up new beds, and specifically to take people out of hospitals and put them in the facility.

Part of the plan is to identify two or three facilities that can open anything from 12 to 24 beds across -- with three facilities in different geographic locations. They must be willing to take patients from anywhere in the State in order for us to staff them. It's going to be part of the condition of giving them a Strike Team. But right now, I've had six-plus facilities reach out to me and offer to open a unit if we can staff it. So, I don't think there's going to be any issue with finding buildings that are willing to do it.

In addition to long-term care, we're going to talk to our Rehab Providers and see if they can open up some beds and take some of the long-term residents. We have Applications from hospitals that are expanding into their nontraditional spaces to increase their inpatient beds. So there's a lot of moving parts at one time. And I think we're going to make gains week-over-week. But I just can't say exactly how many until we're up-and-running.

Rick Green with The Keene Sentinel:

Children have suffered psychologically during the pandemic. Today the Executive Council entered into a Contract with a Brattleboro facility to admit children from New Hampshire needing an inpatient psychiatric bed. 10 beds are being made available for this. But I'm just not clear. Is that just as capacity in Brattleboro allows it? Or will there always be, like, 10 beds dedicated for New Hampshire children?

Governor Sununu:

Yeah.

Commissioner Shibinette:

Thanks, Rick. So that 10 beds is the max and it's going to be as allowed by their capacity. So, right now, they have no capacity. We started this Contract negotiation months ago. At that point, they did have capacity. Today, they do not. They have the same issues in Vermont as we have here in New Hampshire.

But I think, as we spoke today, after Governor and Council Meeting, Brattleboro Retreat becomes one more tool and one more choice for families in our toolbox. It allows families that are on the Vermont border, instead of needing to drive to Hampstead for inpatient psychiatric care for their kids, maybe to drive over the border to Vermont. And that's what we're really trying to do is to build out our capacity, build out choice for our citizens.

Even if we can get one or two kids into Brattleboro over the next coming weeks, it's going to make a difference. So really it's going to be 10 beds maximum. I don't know when we're going to use them. But it really is about having the tools and having choice for families.

Anmarie Timmins with New Hampshire Bulletin:

Thank you. I had two questions. One is: how is the State monitoring and really tracking the vaccination rate for the primary doses, given that boosters are sometimes counted in there and there's been so much interest in boosters? And then, second, the Speaker's Office announced that the Legislature will reconvene for the first three days at the Doubletree. There's not been indication there'll be remote feed yet. I was wondering what the Governor thinks, if you have any thoughts on that. Thank you.

Governor Sununu:

Sure; so, a lot of the data, especially that you see out of the CDC, which, right now, is one of the more accurate pieces of data, does mix the boosters with the first-shot vaccine. Prior to the booster coming into play, about -- this is a bit of a rough number -- 90% of individuals who got a first shot got a second shot. If you were to extrapolate that out a little bit, you can kind of figure out. Make some assumptions and figure out approximately how many boosters may have gone out. But right now, they are being uploaded into the dataset very similarly. So it is a little hard to deduce exactly how many boosters are out there versus how many primary. But the good news is the demand's there. People want to get to get vaccinated. They want to get their boosters. And that's why we're opening up so many sites across the State.

The Speaker of the House and the Republican Leadership in the Legislature did make the decision to host the Legislature at the Doubletree, specifically the Expo Center, where you can get physical distancing and spacing, and things of that nature, and allows everyone to come in safely. I also know they're doing, I think, a booster clinic, themselves, for Legislators in the very near future, which is great.

So, I give them a lot of kudos, I think, for taking the right steps in terms of making sure that the Legislature can meet in-person, but doing it safely. And if that means moving and having to move outside of the traditional State House grounds, they're choosing to do that. And that, I think, will allow full participation of the Legislature and in a safe way.

Michael Graham at the New Hampshire Journal:

Yeah, two things. One, New Hampshire has the highest rate of single doses in the country, according to the numbers updated today, almost 90% of the State with a single shot. And yet it has, comparably speaking, one of the biggest gaps for being fully vaccinated. And I'm curious if either Dr. Chan, or you, Governor, have an idea about why so many people in the State would be willing to get one shot, so clearly they're not afraid the vaccine, conspiracy squids, whatever. But they haven't gotten a further shot. And then, my question for you, Governor, specifically about the politics, is, today, the U.S. Senate is expected to vote on a resolution to block President Biden's Vaccine Mandates on private businesses. Do you have a message for our two U.S. Senators about how they should vote on the Mandates? And has your view of Mandates changed at all, as the winter surge hits?

Governor Sununu:

Sure; so on the first -- for the first question, it's a little bit what Annmarie was talking about. Our first shots and our boosters, that data is getting mixed together. So if you were to look at the CDC website in the past few, like, three or four weeks, you'll see a huge uptick in first shots. And what that is, unfortunately, they're mixing the boosters with the first shots. And that's why you're seeing such a discrepancy there.

The number of second shots has slowly ticked up. The folks that are "fully vaccinated", I believe, as today, stands at 886,000. The number of people with first doses, I believe -- I'm doing this off memory -- is about 1.22 million. It's really not 1.22 million. It's probably -- I'm going to do a rough guess of somewhere in the 950,000 range. That's about a 10% increase over the fully vaccinated. And the rest is likely boosters.

Those are very round numbers. I'm doing my own math out of my head. But that's approximately how it's -- I think how it's panning out, assuming that 90% of people that get their first shot ultimately get their second. And that's the average rate we saw over the summer and the fall. So I'm just going to assume that that rate continues and the Delta, that difference, is the boosters. As far as -- and so there's the why.

As far as the U.S. Senate, I think the question was about the Vaccine Mandates. Look, my opinion on Mandates hasn't changed. I don't think the Government should be in the business of mandating vaccines. I don't think the Government should be in the business of telling folks they can't -- private individuals or private businesses, they can't mandate the vaccine. That's really a decision between the entities, themselves, and the businesses. And look, I think we need to kind of handle vaccines and Vaccine Mandates in our communities and our society similar to the way we handled them prior to the pandemic.

In other words, Employers, or hospitals, or the Military had every right, and very often imposed Vaccine Mandates for their Employees or for their healthcare facilities, or whatever it might be, before the pandemic. And I think those rules need to stay today. And they have the right to do that.

We might not like the outcomes all the time. We don't want to see anyone get let go because of a Vaccine Mandate or anything like that. We want folks to have religious exemptions and appropriate medical exemptions where it is appropriate. And hopefully those get taken seriously and reviewed, and there's that flexibility built into the system.

But now that we're dealing with the pandemic, I still feel very strongly that when the Government starts imposing Mandates or, just on the other end, imposing that a business or entity can't mandate, they're really getting in the way of something that they were never in the way of before. I think the

system, the way we had it before, was good. And even though we're dealing with extreme times right now, it doesn't necessarily mean, especially when we're not in a State of Emergency, and we have all these tools at our disposal, that we just up and change the system, because you start doing that once when you're not in a State of Emergency and you never know how it's going to be used -- that same precedent is going to be used down the road. Boy, a lot of folks calling in today, huh? That's good. People are getting engaged. I like it.

Nora Doyle-Burr with the Valley News:

Hi, Governor. Thanks for taking the call.

Governor Sununu:

Sure.

Nora Doyle-Burr with the Valley News:

So, your Executive Order that pointed to the Strike Teams and things mentioned that you're hoping to ensure or help people to receive medical care in a timely and appropriate way. And I was wondering how you measure that and how you measure the success of these things that you've outlined today, and also whether people are getting timely and appropriate care at the moment in New Hampshire.

Governor Sununu:

Sure; the number 1 measurement of success is more individuals that can open up more flexibility and beds in healthcare. It's really about the beds and the flexibility of our system to open up beds when they can. And so, you can really measure that fairly directly.

We also look at, on a day-to-day basis sometimes, data such as the number of beds that are staffed in the State, the number of hospital beds that actually have Staff tending to them. And that number's remained fairly high.

But obviously just in the past month, we've gone from 300 to 350 to 400, and now over 450 individuals in hospitals because of COVID. That doesn't even obviously include the strokes and the heart attacks, and the other folks just going in to get long-term chemo care, or whatever it might be. I mean, there's a lot of other care that does need to happen within the system.

But 450 beds being occupied by individuals with COVID is a huge burden on the system at a time when we've had a lot of folks leave healthcare. So it's about staffing levels. It's about bed capacity. And it's about the ability to fill those beds and provide some level of care within a hospital setting, knowing that, if an emergency were to strike an individual, they're there in the hospital or in a surge center where they can get a care and they don't have to call the ambulance and whatever it might be, and drive into a system with potentially a lot of unknowns or long wait times in the Emergency Rooms.

So all of those are different metrics that we will be looking at to kind of measure -- I don't want to call it measure the success, because I don't think we will be at a point of true success for quite some time, until we really get this number back down to where it was over the summer, but really measure the flexibility and the resiliency, if you will, of the system, as we put all these additional tools in.

We've been putting them in over the past couple weeks. We're obviously going to put a lot more resources to it in the next couple weeks. And we have an idea of drawing a lot of Strike Teams in. We

don't know exactly how many individuals we're going to bring in. And we hope it's a lot. We're providing a lot of resources, a lot of capital there to do it. But we don't know that exact number.

So it's not just about how many people you put out there, but really about the resiliency of the system based on bed capacity and staffing. Sorry for the long answer, hope that helps a little. Jennifer, I know you had a question.

That was actually the question I had was when it comes to the Strike Teams, Governor, the Executive Council approved \$6 million. But that means finding people that will come here to do that.

Governor Sununu:

Yeah.

And we know that that's an issue nationwide.

Governor Sununu:

Yeah, hey, can you put up the map again? It is. So finding the individuals is hard. But this is the first place we will be looking, right? I mean, this is where you don't see a lot of COVID right now. It's 75. It's sunny. Immune systems are strong. Folks are outside, lots of fresh air. This is where you see the lowest amount of COVID, as you should. If these had high numbers of COVID, I think would be a real shock. And this is where -- I think I saw last week.

I think Mississippi went from the highest level of hospitalization over the summer to, I think, the lowest right now. So there is a little more flexibility there. And it's not just folks that are in Mississippi. It's folks that may be on these Mobile Strike Teams, Traveling Nurse-type Strike Teams that were deployed to Mississippi over the summer and now can be deployed up here.

So there are large groups of these private companies that are constantly moving individuals around. So, knowing that they're not as busy down here as they were in the summer, and they can be deployed into the -- well, here, this is important, too. But let's focus on the 603. Deployed here and be part of that solution is really important, so that's typically where we will be looking.

And the kind of people on Strike Teams, that's what I was trying to get a sense of, just when you can get it together, so...

Governor Sununu:

I know we've already been talking to the Teams already. The final authorization went through today. I know Dr. Ballard, in particular, and some of the other folks at Health and Human Services have been kind of prepping for this. And so, we're already well-underway, yeah.

A lot of other folks are looking, too, to be sure. But that's why the dollar amounts are so high. It's very expensive to bring these Teams in. You have to put them up sometimes at hotels for weeks on-end. You have to find housing, food. These are folks that aren't from here but they're really being brought in. So all of those costs have to be accounted for, so it can be very expensive, to be sure. But it's definitely the right thing to do with the resources we have.

Governor, the State of Massachusetts suspended nonurgent scheduled procedures at hospitals. Would you prefer hospitals in this State, the Administrators, make their own decisions about that, or is that something we may need to do going forward, if it gets worse?

Governor Sununu:

Yeah, so it's on the table, to be sure. I know a lot of hospitals have already voluntarily chosen to do that. I can't speak for Massachusetts. I mean, it's one of the most robust healthcare systems on the planet. So it's a very different dynamic that I wouldn't presume to understand completely.

I can tell you, in New Hampshire, you have a couple dynamics. One is geographic, right? What some of the smaller, critical access hospitals in the North Country are dealing with in terms of COVID versus the southern tier, they're all part of a system. And they are all really trying to help each other out as best they can.

But a lot of the larger hospitals in the southern tier simply have everything from more ventilators to more expertise, to different tools and resources at their disposal. They're just bigger, more robust systems, generally.

So I say that because if I were to do something statewide, it's truly statewide. So right now, they're all making their own decisions. We're monitoring it. Like I said, the hospitals in our State talk every single day and we're on the calls with them. And I think, as a Team, they've been very clear and transparent about what their needs are, clear and transparent to each other about trying to help each other out with issues of potential diversion or surge capacity. All that stuff is discussed literally on a daily basis.

So, so far it's been working pretty well. And some hospitals have had to make that choice for themselves. Right now, we're not at the point where the State is going to be making that choice for them. And hopefully, we don't get there. Yeah. Hi.

Commissioner, this one's for you. I know last month you guys got the funding to fix some of those data issues that you talked about with the boosters.

Governor Sununu:

Yeah.

And I think it was two weeks ago, you mentioned kind of about the Walgreens and Rite Aid have agreed to offering the opt-out. So I'm just kind of curious with your update and if that means you guys are able to migrate some of the pharmacy data now.

Commissioner Shibinette:

So, we were successful in getting Walgreens, Rite Aid, and CVS are all now offering opt-out for the New Hampshire citizens prior to vaccination. So that's great news. We will start. So we will be able to migrate the data starting from last week into the future. We're testing that migration now to make sure that it's secure and safe, and it falls under HIPAA, and all of that good stuff.

The big question is going to be going back from July 1 through December 1. And we're going to have to go back. And our Legal Teams are looking at that now to find out, can we offer an opt-out through the mail and then give them a certain amount of time? So we're trying to figure out that gap period. But in the coming weeks, you'll start seeing the current data being migrated in from those three pharmacies. And then, we will start bringing the smaller ones onboard.

All right.

Commissioner Shibinette:

Yeah.

Thank you.

Governor Sununu:

Okay, good. Yeah, sure.

I'll do one. Kind of what you're saying on kind of shutting down businesses, shutting down schools, how big impact -- like economic impacts.

Governor Sununu:

Yeah.

I mean, can you explain what the big economic impact or health impact you'd see of asking people across the State to wear masks indoors?

Governor Sununu:

Sure; well, look. If folks want to wear masks or if local jurisdictions want to impose masks, they always have that flexibility. Again, the numbers vary across the State. The situation varies. Some schools require them. Some schools don't.

Again, masks aren't the end-all, be-all. So, again, if you impose a Mask Order, you're imposing it for absolutely everybody across the State. And so, right now, that isn't just the end-all, be-all. And those organizations or those schools, or those businesses, or whatever it might be, or whatever, they can impose those and ask folks to wear those. And they have every flexibility to do that. Yeah.

Okay. All right, great. Well, thanks, everyone. I know there's a lot there. If you have further questions on any of the details of the many things we went over -- and again, this isn't the end of the road, by any means. There's more to come. I think we will have some better understanding of the data and the accountability, and the flexibility of the system, as we start -- or I should say keep rolling out some of these opportunities we're trying to create specifically around hospitals. Yeah, was there one more? Sorry.

So, I have one more question.

Governor Sununu:

Sure; sorry. I didn't see you back there.

So much attention put on -- medical attention put on COVID, as it should be, over the past two years.

Governor Sununu:

Yes.

Overdose rates and deaths are continuing to go up. Is that true in New Hampshire and is it because so much resources are now focusing on COVID?

Governor Sununu:

Yeah, so a couple things. In 2020, New Hampshire was, I think, the only State -- or one of only two States where overdose fatalities did not go up. Our Doorway System is working. We've done a lot of things that other States haven't that, I think, have kept those numbers down.

I'm, again, doing this off memory. I think we're pretty much on pace with last year. So I don't believe we're going up-up or down. I don't know where the national numbers -- I know the national numbers last year skyrocketed. Ours did not. I'm not sure what the national numbers are doing this year. But we're pretty much on pace. It's not a good pace. I mean, one death is too many. I think we had over 400 individuals die of an overdose last year. And we want to get that down to zero.

So the Doorway System continues to be very robust. We encourage people to use it. Tied into the hospital system; the recovery-friendly workplaces; all these programs that we're putting out there really are having, I think, a positive impact definitely in stopping that skyrocketing number we saw for many, many years, until about 2016/2017. And now we've seen the slight decline, or at least a leveling out over the past three or four years.

So we're managing. We're holding our own. But we do know that obviously methamphetamine is coming in here at a huge level. I mean, they're mixing meth and opioids into pills that actually look like Adderall that get kids addicted early. I mean, it's just the worst thing you can possibly imagine.

Our Strike Teams are really on that. I know the folks at the Department of Safety work very closely not just here in the State but even out-of-state, as well, to do everything they can on the enforcement side and keep it from coming in.

But when it does come in, we're always bringing in more Providers. We just opened up a Provider, cut a ribbon just about a month ago in a new facility out in the southwest part of the State. So new Providers, new facilities, and new opportunities are always being opened up here.

So we're going to have a long way to go on that fight over the next decade, at least. But so far, the system seems to be holding. I'm not sure where we compare to the rest of the country. Okay. Great, thank you, guys, very much. We will be back next week.